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# Developing a virtual community for health sciences library book selection: Doody's Core Titles

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**Purpose:** The purpose of this article is to describe Doody's Core Titles in the Health Sciences as a new selection guide and a virtual community based on an effective use of online systems and to describe its potential impact on library collection development.

**Setting/Participants/Resources:** The setting is the availability of health sciences selection guides. Participants include Doody Enterprise staff, Doody's Library Board of Advisors, content specialists, and library selectors. Resources include the online system used to create Doody's Core Titles along with references to complementary databases.

**Brief Description:** Doody's Core Titles is described and discussed in relation to the literature of selection guides, especially in comparison to the Brandon/Hill selected lists that were published from 1965 to 2003. Doody's Core Titles seeks to fill the vacuum created when the Brandon/Hill lists ceased publication. Doody's Core Titles is a unique selection guide based on its method of creating an online community of experts to identify and score a core list of titles in 119 health sciences specialties and disciplines.

**Results/Outcome:** The result is a new selection guide, now available annually, that will aid health sciences librarians in identifying core titles for local collections.

**Evaluation Method:** Doody's Core Titles organizes the evaluation of core titles that are identified and recommended by content specialists associated with Doody's Book Review Service and library selectors. A scoring mechanism is used to create the selection of core titles, similar to the star rating system employed in other Doody Enterprise products and services.

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## INTRODUCTION

Doody's Core Titles (DCT) in the Health Sciences, which made its debut on December 13, 2004, is a new effort to create a core title selection guide for the health sciences literature. Using innovations in online systems, DCT's new approach combines Web-based services with expert opinion to identify monograph and software titles that constitute the core body of literature for a health sciences library. The Doody model organizes two sets of experts—book reviewers who are experts in their discipline (called content special-

ists for DCT) and health sciences librarians who are experts in collection development (called library selectors for DCT)—who are joined together by technology into a virtual community.

While the DCT effort is new and different in its approach and its reliance on technology to deliver a product and service, the basic premise behind the DCT concept is a long-standing one in the library literature. Doody's primary source for expertise is individual assessment and experience, the same qualities found in earlier library selection guides. Indeed, DCT is the likely heir to the most accepted core title selection

guide used by health sciences librarians: the Brandon/Hill list. While very popular and valuable as a selection guide, the Brandon/Hill list was not the only selection tool in the health sciences literature. Other health sciences guides did exist and were used in conjunction with the Brandon/Hill list. Other disciplines also had their own popular selection guides. In the context of the selection guide literature, DCT continues the tradition but also changes it by adding technological features to enhance its creation and delivery as a practical tool for health sciences librarians.

A description of DCT is presented here in the context of the selection guide literature. The way DCT is created and its basic operation demonstrate the value this new approach contributes to the health sciences library literature. A discussion is offered about the impact an online selection guide will have on library collection development.

## NEEDS ASSESSMENT

DCT attempts to fill the vacuum created by the decision to cease publication of the Brandon/Hill list. The decision was announced in 2004 on the Mt. Sinai School of Medicine Library Website and reflected the wishes of its remaining partner, Dorothy Hill, the library's long-time acquisitions librarian who asked not to have the Brandon/Hill name associated with any future selection guide that did not directly involve her as heir to the Brandon and Hill partnership. Given the Brandon/Hill lists' popularity and collection development librarians' dependency on it, several meetings and discussions were held in Washington, DC, at MLA '04, the 2004 annual meeting of the Medical Library Association (MLA), to address a course of action to fill the void created by the disappearance of the Brandon/Hill list. Several MLA sections posed the idea of maintaining the Brandon/Hill lists through the MLA organization. Many MLA members recognized the enormity of such an effort along with the realization that a suitable substitute already exists, albeit in a different form, in Doody's Electronic Journal (DEJ).

DEJ is a collection development tool that emanates from the Doody's Book Review Service (DBRS) database. This product lists approximately 90,000 in-print, English-language health sciences books and software titles and covers an estimated 95% of the recent total publishing output in the health sciences. Of these books, nearly 20,000 have complete reviews by subject experts. DEJ is an established brand in the health sciences library literature, based on its role in aiding collection development decisions through its star rating system and structured book review format. From 1994 to 1999, MLA endorsed DBRS as a valuable collection development, cataloging, and reference tool, and MLA institutional members received a 20% discount for an annual subscription. Based on the DEJ's reputation, a number of MLA members, especially members of Doody's Library Board of Advisors, along with several book vendors encouraged Doody Enterprises to develop a suitable replacement for the Brandon/Hill list.

## DOODY'S CORE TITLES IN CONTEXT: LITERATURE REVIEW

To recognize DCT's achievement and to see the value in its approach to building a core title selection guide along the model of a virtual community, it is best to view it in the context of similar selection guides and their models for construction and operation. The chief selection guide in the health sciences has been the Brandon/Hill list. The history of the Brandon/Hill list is published on the Mt. Sinai medical library's Website [1]. Of particular note is the original purpose behind the selected list: to develop a selection guide that would aid hospital librarians and other managers of small medical libraries with identifying core titles for their respective libraries. This original purpose has several significant components. It is aimed at a particular group of librarians: primarily, those working in small hospitals, medical societies, and other specialized library collections. It is intended as a service and guide for selection, and, by extension, this service and guide becomes an instructional tool for collection development.

Originally intended for librarians or library managers without the experience or education to deftly make selection and purchase decisions, reliance on an authoritative source, especially one with highly regarded academic credentials, would greatly assist in justifying collection development in libraries with limited resources. Alfred Brandon possessed the impeccable qualifications to serve as an authoritative source. When he composed the first selected list, he was director of the Welch Medical Library at Johns Hopkins University. He came to that position after building the library for the new school of medicine at the University of Kentucky. Previous to that, Brandon was responsible for building a new dental collection at Loma Linda University. In Brandon's era, the late 1950s and early 1960s, he excelled at what librarians did in that age: they built large library collections of print books and journals in academic institutions that had the funds to support that activity. Indeed, this was the era when more volumes were generally equated with high quality for a library as a whole; bigger libraries were considered the better libraries. While many of Brandon's peers likely had similar experiences, he managed to do one thing differently: he listened to his local group of librarians and heard their issues. Somewhere in their meeting conversations, hospital librarians mentioned their difficulty in deciding which titles to acquire for their clinical collections, and Brandon thought he could lend a hand.

Brandon's effort was not the first in developing a selection guide for the health sciences. His original article cited a 1959 publication by the American Medical Association (AMA) that served as a popular guide for its time, but, as Brandon pointed out, the AMA was not going to issue an updated list. Brandon cited another older guide from the Veterans Administration, but this guide was more specialized and did not include titles in important medical specialties such as

obstetrics and pediatrics. Brandon also referred to a guide for the nursing literature and recommended it as a complement to his effort at listing titles in medical specialties.

Brandon's guide to aid hospital librarians in the Baltimore area developed into the first published list via his 1965 article in the *Bulletin of the Medical Library Association* [2]. The benefit of a published list is that assistance to one group of librarians could be extended to many more as well. The original article listed 358 books and 123 journals titles covering 59 medical specialties. In his article, Brandon not only provided the list of titles but also instructed the reader to do more: consider adding more titles based on local needs and users' interests, look for local agents to assist the acquisition process, and use other tools as guides for acquiring reference books and nursing titles [2].

In her history of the Brandon/Hill list, Hill acknowledged that, while Brandon relied on his own selection experiences, he also sought the opinions of others: faculty, academic colleagues, nurses, and hospital librarians. This model has been followed by others and is incorporated into DCT.

The Brandon/Hill list was not the only selection guide available to health sciences librarians. After Brandon and Hill developed additional selection guides for the literature of nursing and allied health disciplines, several MLA sections sponsored projects to create more lists. Some examples include dentistry, pediatrics, and vision science [3].

Outside of MLA, other popular selection guides were developed, including those for nursing and medicine. The Library for Internists was especially notable during the 1970s to the 1990s. Published by the American College of Physicians (ACP) up until it ceased publication 1997, the Library for Internists not only complemented the Brandon/Hill list but was somewhat unique in the way it was created. Similar to the selection guides developed by MLA sections, the ACP list was a group effort. According to Frisse and Florence, the last compilers of the Library for Internists,

The list of books in this edition of the Library was generated by an array of medical information experts and was expanded by recommendations from practicing general internists. College members were the major source of nominations of medical resources. The College Officers, Regents, and Governors, and members of the Council of Associates and committees and subcommittees were included in the nomination process. Nominations were also requested from other medical societies and from editorial boards of selected medical journals. [4]

Outside the health sciences, core title lists are just as popular with collection development librarians. Corby provides an excellent overview of the journal selection list literature [5]. Her significant contribution is to identify those articles that describe or emphasize how core lists are constructed. Corby comments that core lists are used by librarians for "selection assistance" and, though "there is very little consistency among existing core list studies and little hope that new studies

would generate consistent, replicable results," they will continue to be generated because of their usefulness. "They may provide a basic list for supporting a new program, help a beginning librarian become familiar with a discipline, offer a standard against which to judge a collection, or help to set priorities" [5].

## DESCRIPTION AND OPERATION

Basically, DCT aims to meet the criteria for usefulness mentioned above. The foundation for DCT is the DBRS database and DEJ. This database is built by Doody Publishing staff, who create the online communication system that solicits expert reviews of newly published books and software in the health sciences and solicit health sciences books from English-language publishers. Doody staff record the bibliographic information into the DBRS database and then send two copies of the newly published books to members of the Editorial Review Group, Doody's editors for 120 disciplines. These editors review the titles, select those that should be fully reviewed, and find a subject specialist who can provide a book review in a timely manner.

These DEJ editors become the content specialists for DCT. Each reviewer completes a review following Doody's guidelines, using an online structured form. This structure provides a standard that extends across all DEJ reviews. All bibliographic information is supplied by Doody Publishing. Reviewers complete the necessary fields such as description, purpose of the book, audience, features, and assessment. Through a series of questions, reviewers assign points to the various criteria used to judge a book and its potential value to a reader. The questions include whether the authors' objectives are met, if the objectives are worthy, if the work is written at the appropriate level, and so on. The points assigned to each question are tallied to create the star rating. The rating ultimately reflects the reviewer's perception of the quality of the title under review. Unlike many book review columns, DEJ covers many more titles because that is its only mission, and the star rating system allows reviewers to pinpoint qualities that may get overlooked in a literary review. The maximum rating is five stars. On the whole, DEJ reviews average three stars, but the entire range, from one to five, is represented in many DEJ issues. No compensation is involved in the review process other than that the DEJ reviewers and editors get to keep the books they review. Recognition is given by citing the reviewers and their affiliations with the published review and listing editors on the DEJ Website.

To create DCT, Doody polls the content specialists and solicits their selection of titles that meet DCT's criteria for core titles. Doody provides access to several databases, such as the DBRS database, titles on the former Brandon/Hill lists, and other vendor collections that content specialists can use to identify recommended titles or to name a title in their discipline that they believe should be recognized as essential to the discipline's literature.

After content specialists make their recommenda-



tions in the DCT system, library selectors begin their selection process. The library selectors are health sciences librarians who have been recruited from MLA members. These volunteers pick the subjects they wish to review. DCT staff tries to solicit at least three library selectors for each covered discipline. The chief task of the library selectors is to recommend titles that would form a core library collection. Selection starts by reviewing the titles recommended by the DEJ content specialists. Librarian selectors read the content specialists' commentaries on why the book should be listed in DCT; this information is supplementary to the expert book reviews in the DEJ. Library selectors can also read the disclaimers that content specialists are obligated to file stating their commercial relationship with any publisher of core titles on the list as well as their editorial involvement with any titles they select.

DCT provides library selectors access to the same resources that the content specialists use to enable them to recommend additional titles for a core collection. These new entries are added to the DCT database by an individual library selector. Each library selector makes an individual recommendation using the DCT online system, but all selectors see all the recommended titles in one display. Library selectors may recommend titles based on several selection techniques: by relying on the expert reviews in the DBRS database or any other review they may have read, examining the physical books if they happen to be in their local collection, checking whether the titles are recommended by other sources or are used by local faculty for a reading list, or any combination of the above.

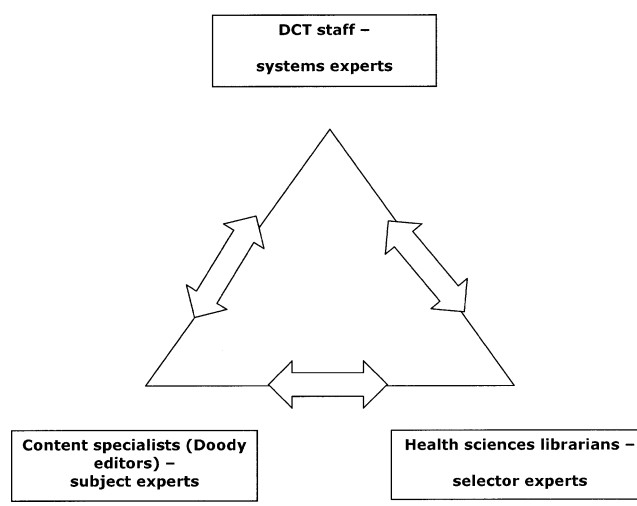
Following the selection process, library selectors are then asked to score the titles for the specialties they are responsible for. Similar to but different from the DEJ star rating system, the DCT point scale asks librarian selectors to score their recommendations on a scale of zero to three, based on five key collection development criteria: authoritativeness of the author and/or publisher, scope and coverage of the content, quality of the content, usefulness of the title, and value relative to the cost of the book [6]. This scoring attempts to lend some objectivity to a subjective selection process and is especially beneficial where there is more than one library selector for a given discipline. However, the "objectivity" of the Doody scoring has been questioned as to whether it is truly objective or beneficial. In a review of DCT, Spasser [7] says that while the Doody procedure is thorough, he has concerns about it being any more objective than previous selection lists. He also recommends extending the scoring range to provide more variability, in other words, a greater spread of scores that would provide clearer information to a DCT user.

Of particular note, only the library selectors participate in the DCT ranking, which make it a peer-driven resource. While both content specialists and the library selectors approach the nomination process from two different perspectives, their mutual goal is to identify the best titles.

DCT will be updated annually. Each annual edition

**Figure 1**

The Doody's Core Titles (DCT) online community



of DCT will be new in the sense that the selection of core titles and the scoring will take place each year. Because the list of core titles exists as an online database, it can be updated as new information, such as pricing or the availability of new editions of selected titles, becomes available.

One of the values of creating a selection and scoring process done entirely online is the timeliness of the publication of the core list. The process from the final selection of the list to publication took less than four weeks. Furthermore, DCT information is also linked to the online ordering systems of four prominent medical book wholesalers in North America.

## DISCUSSION

More than anything else, DCT models itself after other core title selection guides. Like previous selection guides, DCT's goal is to serve the library market. Doody Enterprises is already a recognized name due to its success in publishing DEJ. With DCT, Doody's provides the useful tool librarians desire when seeking selection assistance or defining a standard by which to measure the value of their local collections. DCT's coverage is notable, with core titles identified in 119 specialties in basic science, clinical medicine, nursing, allied health, and associated health disciplines.

DCT is a unique tool due to its methodology. Employing Web-based programs, DCT has created a virtual community of experts, whose mutual goal is identifying the best monograph titles in the health sciences. This community involves nearly 170 professionals—basic scientists, clinicians, educators, therapists, librarians, editors, and programmers—who make a commitment to a resource that can serve multiple uses. Figure 1 presents a graphic description of the DCT community. DCT can assist collection development, aid collection assessment, serve as a recommended

source for textbook selection, and provide an entry point into the literature of an unfamiliar discipline.

DCT is available only electronically at [www.doody.com/dct/](http://www.doody.com/dct/). In addition to the list of titles with bibliographic and pricing information, the Website also hosts the virtual community of experts. Selection, polling, and other backend operations are all conducted online. Because communication among community members was limited in the 2004 version, members have suggested that online dialog through email be incorporated into the DCT operation; such direct communication would enhance the selection process. In this way, librarians could discuss with each other what books on a specific subject or discipline are best suited for a health sciences library or collection. Also, the opportunity for librarians to discuss book selection with the DEJ subject editors would tie the community closer together.

Doody makes its DCT licensees well aware of the fact that DCT has no connection with the sale of any of the titles. To aid the selection process, DCT does provide links to ordering systems for the convenience of its users. Doody, however, retains its independence and impartial role as a provider of reviews and rankings free from any further commercial connection to the source of the books so ranked. Doody's independence underscores a concern originally raised by librarians on hearing that the Brandon/Hill list would cease and a potential commercial source would take its place. The commercial "taint" concerned some librarians, who thought that the selection process would not be totally free of commercial influence.

DCT's methodology relies heavily on the subjective assessment of many individuals to create its selection guide. In many ways, this approach continues the model established by Brandon and Hill and others. It stands in contrast, however, to some of the studies Corby identifies [5]. She references efforts to create core titles lists, particularly journal lists, based on bibliometric and other objective methodologies. She observes from these articles that measures such as journal citation studies generally serve an academic purpose of understanding the development of a discipline's literature; however, these studies may or may not lend any selection assistance. Core lists that are created based on some objective measure or combination of such may assist the librarian when it is time to build a collection, but they can fail to take into account important local factors when it comes time to deselect titles during a budget crisis. In other words, local issues trump national or discipline-based core title lists when it comes to the practical decisions required of the managing librarian. For building monograph collections, individual experience and judgment may be the best criteria for creating a selection guide. DCT brings together *many* such experts—the emphasis here is on *many*—whose individual experiences and judgments can interact, coalesce, or balance each other in an online community. The sum total of the group's judgment may be DCT's best qualification as a selection guide.

At this date, it is too early to judge the full impact of DCT on library collection development. Future measures such as the number of subscriptions to DCT or the sales of individual books designated as "essential purchase titles" are needed to verify a tangible impact. What is known today is that concerned MLA members wanted the Brandon/Hill lists to continue. Their attendance at special meetings during the MLA annual meeting speaks to the need for a reliable tool to aid collection development decisions in all types of health sciences libraries. That they thought this continuation could be accomplished by Doody Enterprises is evidence that the new resource will have a positive impact on collection development activities. The willingness of so many library selectors to volunteer their time to participate in Doody's online system is more evidence that DCT will play a role in the work of building useful collections for library patrons.

## CONCLUSION

DCT is the latest version of selection guides for the health sciences monographic literature, filling the vacuum created by the end of the Brandon/Hill selected lists (for medicine, nursing, and allied health). DCT's approach follows the model previously established by others, which is to rely on individual assessment of recently published books as the basis for identifying the best of the best in a particular literature. What Doody does differently is to rely on many individual experts giving their opinions and working with an online system of multiple databases and polling questionnaires. DCT is based on group judgment—a community of experts—brought together technologically to serve the lofty goal of naming the best titles to be the basis for a library collection. The Brandon/Hill lists lasted thirty-eight years. Now it is Doody's turn to face the test of time.

## STATEMENT OF INTEREST

The authors are current, volunteer members of Doody Enterprise's Library Board of Advisors and receive no remuneration for their role on the board.

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